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BIBDATASHEET

CONFIRMATION NO. 2320

Bib Data Sheet

SERIAL NUMBER 09/889,320	FILING DATE <u>01/10/2002</u> <u>01/09/01</u> RULE	CLASS 180	GROUP ART UNIT 3618	ATTORNEY DOCKET NO. YAMAHA5.523APC
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APPLICANTS

Lars Jansson, Upplands Vasby, SWEDEN;

Leif Gustafsson, Upplands Vasby, SWEDEN;

Robert V. Trigg, Schiphol-Rijk, NETHERLANDS; Magnus Wahlen, Upplands Vasby, SWEDEN;

Tadakazu Ishibashi, Iwata Shizuoka, JAPAN;

** CONTINUING DATA *****

This application is a 371 of PCT/JP00/01645 ~~44/08/1999~~ 3/17/00 YES FBR 4/7/04

** FOREIGN APPLICATIONS *****

JAPAN 11-316822 11/08/1999 YES FBR 4/7/04

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 36	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
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ADDRESS

20995
KNOBBE MARTENS OLSON & BEAR LLP
2040 MAIN STREET
FOURTEENTH FLOOR
IRVINE, CA
92614

TITLE

Front and rear wheel drive type vehicle

FILING FEE RECEIVED 1206	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/889,320	FILING DATE 01/10/2002 RULE	CLASS 280	GROUP ART UNIT 3618	ATTORNEY DOCKET NO. YAMAHA5.523APC
APPLICANTS Lars Jansson, Upplands Vasby, SWEDEN; Leif Gustafsson, Upplands Vasby, SWEDEN; Robert V. Trigg, Schiphol-Rijk, NETHERLANDS; Magnus Wahlen, Upplands Vasby, SWEDEN; Tadakazu Ishibashi, Iwata Shizuoka, JAPAN;				
** CONTINUING DATA ***** <i>yes</i> THIS APPLICATION IS A 371 OF PCT/JP00/01645 11/08/1999				
** FOREIGN APPLICATIONS ***** <i>yes</i> JAPAN 11-316822 11/08/1999				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 36	TOTAL CLAIMS 32
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS 20995				
TITLE Front and rear wheel drive type vehicle				
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